	y of Portland, M		-			11	mit No: 02-0233	11-193	VE /	CBL:		
389 Congress Street, 04101 Tel: (207) 874-870					(207) 874-871 ———		M/	R 2 7 20	D2	062 C0	08001	
Location of Construction: Owner Name						Owner Address:			Phone:		a	
			Margaret John			69 Thomas Street			207-775-7557			
			Contractor Name	::		Contractor Address F PORTLAND Phone						
			n/a		Г	Portland Permit Type:					17	
Lessee/Buyer's Name Phone: n/a n/a						Change of Use Home Occupation			nation	Zone:		
			n/a						<u> </u>			
Single Family Single Home attorne mostly			Proposed Use:			1		Cost of Wor		CEO District:		
			Home Occupa	Single Family / Change of Use, Home Occupation. To serve as an attorney in child protective cases			I ADDIOVEU I			SPECTION:		
				ostly as a guardian ad litem, 246 . ft. of office space.			Ĺ	Denied		n-5	56	
Proposed Project Description:						1			10	bold 1999 gnature: Souther		
Change of Use for Home Occupation, 246 sq. ft. of o				ffice space.		Signature: Si			Signat	gnature: Some		
						redestrian activities distri				CT (F.A.D.)		
						Action: Approved Approved w/Conditions Denied					Denied	
Donald Tolon Bur					Signature:				Date:			
	Permit Taken By: Date Applied For: 03/18/2002				Zoning Approval							
This permit application does not p		reclude the	Special Zone or Reviews			zs Zoning Appeal			Historic Preservation			
	Applicant(s) from meeting applicable State and Federal Rules.			Shoreland			☐ Variance			Not in District or Landmark		
2.	Building permits do not include plumbing, septic or electrical work.			Wetland			Miscellaneous			Does Not Require Review		
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work			f issuance.	Flood Zone			Conditional Use			Requires Review		
			Su	bdivision	Interpretation Approved				Approved w/Conditions			
			Sit	te Plan								
(lised f Scarred				Maj Minor MM			Denied			Denied Denied		
				OK	in ancient		1/1/2			A Sept		
scared				Date:			Date:			Date: Jegurpen U		
I ha juris shal	reby certify that I am ve been authorized by sdiction. In addition, I have the auth wity to n permit.	y the owner to if a permit for	make this appli work described	med pro cation a d in the	is his authorize application is i	he prop d agen ssued,	t and I agree I certify that	to conform the code of	to all a ficial's	pplicable laws authorized repr	of this esentative	
SIG	NATURE OF APPLICAN				ADDRES	<u> </u>		DATE		РНО	NF	
5.0	OF THE EICH	•			ADDRES	J	4	DATE	•	rnu	TAL:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE								DATE			NE	

CITY OF PORTLAND, MAINE

Department of Building Inspection

Certificate of Occupant

LOCATION 69 Thomas St

CBL 062 C008001

Issued to

Margaret Johnson/n/a

Date of Issue

09/30/2002

This is to certify that the building, premises, or part thereof, at the above location, built — altered - changed as to use under Building Permit No. 02-0233 , has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

Single Family / Home Occupation; Attorney in Child Protective Case.

· Use Group: R-3 Type: 5-B BOCA: 1999

Limiting Conditions:

None

This certificate supersedes certificate issued

Approved:

Inspector

nges hands. Copy will be furnished to owner or lessee for one dollar